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| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06) | | | | | | | Application Number | | Filing Date | | | | |
| | | | | | | | 10578277 | | | | | | |
| | | | | | | | Applicant(s) Harald Fink | | | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | * | | * | | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | | | | | | | |
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| 3 | | 2 | | | | | | | | | | | |
| 4 | | (1) | | | | | | | | | | | |
| 5 | | (1) | | | | | | | | | | | |
| 6 | | (1) | | | | | | | | | | | |
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| Total Indep | 1 | | 0 | | 0 | | | | | | | | |
| Total Depend | 7 | ↙ | 0 | ↙ | 0 | ↙ | | | | | | | |
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